U.S. Department of Labor ¹
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 180 q (2. Fiscal Year Covered From:	
	1 / O4 Through: 12/31/54	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name EDWARD D Rizzo	Name Teamsters Local 786	
	Labor Organization File Number 004 - 9/3	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 46 5 Pershing	Street 300 South Ashland Suite 501	
City Mundelein	City Chicago Chinois	
State Filinois ZIP Code + 4 60060-27	12 State TUino15 ZIP Code + 4 66607	
	/Business Agent	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
A. Held an interest in, engaged in transactions (including loans) with, or a monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.	
A. Held an interest in, engaged in transactions (including loans) with, or a monetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any).	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.	
monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name	on represents or is actively seeking to represent.	
monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any).	on represents or is actively seeking to represent.	
monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.	
monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.	
monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.	
monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.	
monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. Perjury and other applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is, to the best of the	

Name of Person Filling EDWARD Rizzo	File Number U-			
B. Held an Interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Lea hy + Associate)	9. Business deals with:			
Trade Name, if any:	a. Labor Organization b. Trust			
P.O. Box, Bldg., Room No., If any Street 3 Westbrook Preparate Center Sunte 540	c. Employer			
City Westchester Stale Illinois ZIP Code + 4 60154				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name Trade Name, if any:	Oramance Caims Procession			
P.O. Box, Bldg., Room No., if any	Edsa Funds + Unib-			
Street	11.b. Approximate dollar value of such dealing. \$57,560.00			
State ZIP Code + 4	12.a. Nature of Interest held or income received. Neck Tie			
	12.b. Amount. Value Approx. 53 xx			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any Street				
City State ZIP Code + 4				
13.b. Is the Business an Employer [] or Consultant [? ?	14.b. Amount of payment.			

ame of Person Filing COWARD Rizzo		File Number U-
B. Held an interest in or derived income or economic benefit with monetary vas ubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actifully any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the busines ively seeking to represent, or directly to, or otherwise	s
8. Name and address of Business (including trade name, if any). Name Northun Trust Bank Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 50 South Lasalle Sheat City Chicago State Illinuis ZIP Code + 4 60675	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ition
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such deali	management communications and a second confidence of the confidenc
Street City State ZIP Code + 4	11.b. Approximate dollar value 12.a. Nature of interest hell Ringling Bro + E	TO THE TOTAL CONTRACT
C. Received from any employer (other than an employer covered unde		200 %
or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	Transition of payment.	
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	State of Company of Paragraphy and Company of Company o	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Plining Coward Rizzo		r ne Number O-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Trade Name, if any:	a. Labor Organizati	ion		
P.O. Box, Bldg., Room No., if any	b. Trust			
Street	c. Employer			
City City				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin			
Name Local 786 Building Material Welfare Fur	Trustee of W	elfare Funds		
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
street 300 S Ashland Ave Suite 5000	11.b. Approximate dollar value	of such dealth.		
State Dilinuis ZIP Code + 4 60607	12.a. Nature of interest held attended Confee Education for fice	or income received. Ince to UpDete and maintain decising duties of functs		
	12.b. Amount.	1,324.78		
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money				
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.			
Name	Manual per season			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	TO CASE OF PROPERTY.			
Street				
City ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filing LOWARD RIZZO	File Number U-
B. Held an interest in or derived income or economic benefit with monetary vas ubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actifully any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name	9. Business deals with: a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer
Street	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Loral 786 Building Material Pension Func	11.a. Nature of such dealing. Trustee of Penewor Furnel
P.O. Box, Bldg., Room No., if any Street 300 5 Ashland Suts 500	
City Chicago State Illiminio ZIP Code + 4 60607	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Attended Conference to Update and maintain Columntain for fudicional Duties of Funds
	12.b. Amount. [1,334.78]
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above)
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
City ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.